

Wind Up Request

The trustees of the superannuation fund request to wind up the finalise the accounts and prepare the appropriate documentation	•	•
Fund details		
Superannuation Fund Name		
Australian Business Number		
Wind up details Financial year wind up will occur		
Have you sold/transferred all your assets?	Yes	No
*One cash account to remain open until advised. Please don't close your bank - Expected liabilities have been settled - Any tax refunds have been received - You have completed any rollovers using SuperStream - You have received confirmation from us that your fund has been wound up Comments:	account until the	following has occurred:
Have you paid outstanding expenses and tax liabilities e.g. final insurances and outstanding PAYG instalments?	al adviser fees	, administration fees,
	Yes	No
Comments:		
Have you notified employers to cease making contributions to	the fund?	
	Yes	No
Comments:		

Member 1 Balance

Are member benefits to be:

Paid out to member(s) as pension payments

Paid out to member(s) as lump sum / pension payment

Rollover to another superannuation fund (please complete below if you select this)

Receiving fund details

ABN

Fund name

Postal address

Street address

Suburb / town / city State / territory

Postcode Country, if other than Australia

Unique superannuation identifier (USI)

Member client identifier

If transferring to an SMSF, please also provide:

Account name

BSB

Account number

Electronic Service Address (ESA)

Member 2 Balance

Member Name:

Are member benefits to be:

Paid out to member(s) as pension payments

Paid out to member(s) as lump sum / pension payment

Rollover to another superannuation fund (please complete below if you select this)

Receiving fund details ABN Fund name Postal address Street address Suburb / town / city State / territory Postcode Country, if other than Australia Unique superannuation identifier (USI) Member client identifier If transferring to an SMSF, please also provide: Account name **BSB** Account number Electronic Service Address (ESA) Member 3 Balance Member Name: Are member benefits to be: Paid out to member(s) as pension payments Paid out to member(s) as lump sum / pension payment Rollover to another superannuation fund (please complete below if you select this) Receiving fund details ABN Fund name Postal address Street address Suburb / town / city State / territory Postcode Country, if other than Australia Unique superannuation identifier (USI) Member client identifier If transferring to an SMSF, please also provide: Account name **BSB** Account number

Electronic Service Address (ESA)

Member 4 Balance

Member Name:

Are member benefits to be:

Paid out to member(s) as pension payments

Paid out to member(s) as lump sum / pension payment

Rollover to another superannuation fund (please complete below if you select this)

Receiving fund details

ABN

Fund name

Postal address

Street address

Suburb / town / city State / territory

Postcode Country, if other than Australia

Unique superannuation identifier (USI)

Member client identifier

If transferring to an SMSF, please also provide:

Account name

BSB

Account number

Electronic Service Address (ESA)

Member 5 Balance

Member Name:

Are member benefits to be:

Paid out to member(s) as pension payments

Paid out to member(s) as lump sum / pension payment

Rollover to another superannuation fund (please complete below if you select this)

Receiving fund details ABN Fund name Postal address Street address Suburb / town / city State / territory Country, if other than Australia Postcode Unique superannuation identifier (USI) Member client identifier Member 6 Balance Member Name: Are member benefits to be: Paid out to member(s) as pension payments Paid out to member(s) as lump sum / pension payment Rollover to another superannuation fund (please complete below if you select this) Receiving fund details ABN Fund name Postal address Street address Suburb / town / city State / territory Postcode Country, if other than Australia Unique superannuation identifier (USI) Member client identifier If transferring to an SMSF, please also provide: Account name **BSB** Account number

Electronic Service Address (ESA)

If SuperGuardia corporate truste		igent, wo	ould y	ou like us	s to arrange the deregistration o	f the fund	l's			
	Yes									
	No									
	Not applicable									
Trustee Authority *Upon completion of this form we will prepare a formal resolution for the decision to wind up. Once all assets are sold or transferred and only cash remains, we will cease any monthly fees and raise our final wind up fee. *										
Trustee 1:					Trustee 2:					
Signed:		Date:	/	1	Signed:	Date:	/	/		
Trustee 3:					Trustee 4:					
Signed:		Date:	/	1	Signed:	Date:	1	/		
Trustee 5:					Trustee 6:					
Signed:		Date:	1	1	Signed:	Date:	1	/		